



## The Program of Comprehensive Assistance for Family Caregivers



### Roles, Responsibilities and Requirements

The Department of Veterans Affairs (VA) Program of Comprehensive Assistance for Family Caregivers (PCAFC) is a clinical program that focuses on the needs of both the eligible Veteran/Servicemember and the eligible Primary and Secondary Family Caregivers. All eligibility criteria must be met to be approved for and to continue to participate in the Program. Among other criteria, participation in the Program must be in the best interest of the Veteran/Servicemember – a determination that includes consideration of whether participation supports progress in rehabilitation (if such potential exists) and creates an environment that supports the Veteran/Servicemember's health and well-being. This document explains the roles, responsibilities and requirements for Family Caregivers and Veterans/Servicemembers participating in PCAFC as well as the roles, responsibilities and requirements of VA Caregiver Support Coordinators (CSCs). *Please ask your assigned CSC to explain any item in this document that you do not fully understand.*

#### PRIMARY FAMILY CAREGIVER

An individual who wishes to be designated as a Primary Family Caregiver for PCAFC must meet applicable criteria and requirements, including:

- **Complete, sign and submit the Application** for the Program of Comprehensive Assistance for Family Caregivers, VA Form 10-10CG. You and the identified Veteran/Servicemember (or the Veteran/Servicemember's Representative or Power of Attorney) must sign the application.
- **Be at least 18 years of age and agree to perform personal care services for the Veteran/Servicemember**, which are defined in the plan of care developed by the primary care team.
- **Be a member of the Veteran/Servicemember's family**, such as a spouse, son, daughter, parent, step-family member, or extended family member, or **if not related to the Veteran/Servicemember, you must live with the Veteran/Servicemember full-time** or will do so if designated as a Family Caregiver.
- **Complete the required caregiver training program as outlined in program regulations.**

It is requested that designated Primary Family Caregivers:

- Work closely with the Veteran/Servicemember's treatment team to support, promote, and encourage the Veteran/Servicemember in attaining the highest level of independence possible.
- Demonstrate flexibility in scheduling home visits. Be physically present and participate during home visits and monitoring required by the Program of Comprehensive Assistance for Family Caregivers.

Designated Primary Family Caregivers are encouraged to immediately inform the Caregiver Support Coordinator if any of the following occurs:

- **When the Veteran/Servicemember's address changes.** Please provide a written statement indicating the new address and the date of the move to the CSC to avoid disruption of your stipend payment. This notification should be made any time the Veteran/Servicemember moves.
- **If there is any change to your address, telephone number or other contact information.** Please notify the CSC promptly via verbal or written communication of any such changes. Please indicate the effective date of the change.
- **If you are no longer willing or able to serve as the Veteran/Servicemember's Primary Family Caregiver** for any reason including a physical or mental health condition.
- **If you observe any changes in the Veteran/Servicemember's physical or mental health condition.** The Veteran/Servicemember's primary care team should also be notified of any observed changes.
- **If the Veteran/Servicemember or a designated Secondary Family Caregiver dies.** The Veteran/Servicemember's primary care team should also be notified if the Veteran/Servicemember or a designated Secondary Family Caregiver dies. This information may be provided verbally and include the date of death. The CSC may assist with referrals for bereavement counseling as requested and applicable.
- **If you or the Veteran/Servicemember are admitted to a hospital,** long term care facility, rehabilitation facility, residential treatment program, medical foster home, or any other institutional placement or become incarcerated.
- **If enrolled in the Civilian Health and Medical Program of VA (CHAMPVA) and:**
  - **If you become covered under a health-plan** contract such as a commercial health insurance plan, Medicare, Medicaid, or a Workers' Compensation law or plan.
  - **If you become eligible for TRICARE.**

Note: If you are covered by one of these plans you are not eligible for CHAMPVA.

Primary Family Caregivers should also be aware of the following:

- **Ongoing monitoring** of the Veteran/Servicemember's well-being will be conducted.
- **The stipend does not create an employment relationship** between you and VA.
- **The stipend is not an entitlement** but rather recognizes the care and support you provide to the Veteran/Servicemember.
- **The revocation of your status as Primary Family Caregiver can be requested by the Veteran/Servicemember at any time in writing.**
- **Your status as Primary Family Caregiver may be revoked** if you or the Veteran/Servicemember no longer meet or adhere to Program requirements, including if participation in the program is no longer in the best interest of the Veteran/Servicemember as determined by VA.

## SECONDARY FAMILY CAREGIVER

An individual who wishes to be designated as a Secondary Family Caregiver for PCAFC must meet applicable criteria and requirements, including:

- **Complete, sign and submit the Application** for Program of Comprehensive Assistance for Family Caregivers, VA Form 10-10CG. You and the identified Veteran/Service member (or the Veteran/Service member's Representative or Power of Attorney) must sign the application. Complete a new VA Form 10-10CG application signed by you and the Veteran/Service member (or the Veteran/Service member's Representative or Power of Attorney) if you later apply to become the Primary Family Caregiver.
- **Be at least 18 years of age and agree to perform personal care services for the Veteran/Service member**, which are defined in the plan of care developed by the primary care team.
- **Be a member of the Veteran/Service member's family**, such as a spouse, son, daughter, parent, step-family member, or extended family member, or **if not related to the Veteran/Service member, you must live with the Veteran/Service member full-time** or will do so if designated as a Family Caregiver.
- **Complete the required caregiver training program as outlined in program regulations.**

It is requested that the designated Secondary Family Caregivers:

- Work closely with the Veteran/Service member's treatment team to support, promote, and encourage the Veteran/Service member in attaining the highest level of independence possible.
- Demonstrate flexibility in scheduling home visits. Be physically present and participate during home visits and monitoring required by the Program of Comprehensive Assistance for Family Caregivers.

Designated Secondary Family Caregivers are encouraged to immediately inform the Caregiver Support Coordinator if any of the following occurs:

- **When the Veteran/Service member's address changes.** If there is no Primary Family Caregiver, please provide a written statement to the CSC informing VA of the move that includes the Veteran/Service member's new address and the date of the move. This notification should be made any time the Veteran/Service member moves.
- **If there is any change to your address, telephone number or other contact information.** Please notify the CSC promptly via verbal or written communication of any such changes and the effective date of such changes.
- **If you are no longer willing or able to serve as the Veteran/Service member's Secondary Family Caregiver** for any reason including a physical or mental health condition.
- **If you observe any changes in the Veteran/Service member's physical or mental health condition.** The Veteran/Service member's primary care team should also be notified of any observed changes.

- **If the Veteran/ Servicemember or a designated Family Caregiver dies.** The Veteran/ Servicemember's primary care team should also be notified if the Veteran/ Servicemember or a designated Family Caregiver dies. This information may be provided verbally and include the date of death. The CSC may assist with referrals for bereavement counseling as requested and applicable.
- **If you or the Veteran/ Servicemember are admitted** to a hospital, long term care facility, rehabilitation facility, residential treatment program, medical foster home, or any other institutional placement or become incarcerated.

Secondary Family Caregivers should also be aware of the following:

- **Ongoing monitoring** of the Veteran/ Servicemember's well-being will be conducted.
- **The revocation of your status as Secondary Family Caregiver** can be requested by the Veteran/ Servicemember at any time in writing.
- **Your status as Secondary Family Caregiver may be revoked** if you or the Veteran/ Servicemember no longer meet or adhere to Program requirements, including if participation in the program is no longer in the best interest of the Veteran/ Servicemember as determined by VA.

## VETERAN/SERVICEMEMBER

A Veteran/ Servicemember who wishes to participate in PCAFC (or the Veteran/ Servicemember's Representative or Power of Attorney, as applicable) must meet applicable criteria and requirements, including:

- **Complete, sign and submit the Application** for Program of Comprehensive Assistance for Family Caregivers, VA Form 10-10CG. You and the identified Primary Family Caregiver applicant must sign the application. If one or two Secondary Family Caregiver applicants are identified at the time of initial application, the Secondary Family Caregiver(s) applicant must also sign this application. Adding a Secondary Family Caregiver after the initial application is submitted can occur by completing an additional VA Form 10-10CG which is signed by you and the Secondary Family Caregiver applicant.
- **Agree to receive ongoing care** from a primary care team selected by VA.

The Veteran/ Servicemember is responsible for:

- **Providing a written statement to VA (e.g., the Caregiver Support Coordinator) if you decide you want to change or revoke your Primary Family Caregiver or Secondary Family Caregiver(s).**
- **Following your local VA medical facility's policies for Release of Information and Privacy,** which allows you to authorize VA to share your health information with the Primary Family Caregiver.

It is requested that the Veteran/ Servicemember:

- **Work closely with your Family Caregiver(s) and primary care team** to attain your highest possible level of independence.

- **Be physically present and participate during home visits and monitoring required by PCAFC.**

Veterans/Servicemembers are encouraged to promptly inform the Caregiver Support Coordinator if any of the following occurs:

- **If you receive care from non-VA providers** (that is not authorized by VA) for purposes of care coordination.
- **When your address changes.** Please provide a written statement to the Caregiver Support Coordinator, to avoid disruption of the Primary Family Caregiver's stipend payment. This notification should be made any time you move and should include your new address and date of the move.
- **If there are any changes in your physical or mental health condition.**
- **If there are any changes in your Family Caregiver(s) address, telephone number or other contact information.**
- **If a designated Family Caregiver dies.** Your primary care team should also be notified if one of your designated Family Caregivers dies. This information may be provided verbally and include the date of death. The CSC may assist with referrals for bereavement counseling as requested and applicable.
- **If any of your Family Caregivers is admitted to** a hospital, long term care facility, rehabilitation facility, residential treatment program, medical foster home, or any other institutional placement or becomes incarcerated.

Veterans/Servicemembers should also be aware of the following:

- **Ongoing monitoring** of your well-being will be conducted.
- **The approval and designation of your Primary and/or Secondary Family Caregiver(s) may be revoked** if you or the Family Caregiver(s) no longer meet or adhere to Program requirements, including if participation in the program is no longer in your best interest as determined by VA.

## CAREGIVER SUPPORT COORDINATORS (CSC)

Many staff at VA have a role in managing the Caregiver Support Program at the VA medical facility, including the Medical Center Director and the Chief of Staff. The CSC is the staff member that you will speak to the most.

CSCs have the following responsibilities during the application process and throughout your participation in PCAFC:

- **Serve as an advocate** for ensuring the availability of services and benefits for caregivers and the Veterans/Servicemembers they serve.
- **Provide education and information on Caregiver Support Program requirements** including the requirements applicable to Veterans/Servicemembers and Primary and Secondary Family Caregivers for participation in PCAFC.
- **Fully explain the application process** to the Veteran/Servicemember and Primary and Secondary Family Caregiver applicants.

- **Inform the Primary and Secondary Family Caregiver(s) of education and support services and benefits available to them.**
- **Refer the Primary Family Caregiver to the Office of Community Care (OCC) on matters related to the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).**
- **Assist with coordinating services** available under PCAFC, including stipends for Primary Family Caregivers.
- **Coordinate Program monitoring, which will include home visits to monitor the Veteran/Servicemember's well-being,** adequacy of care and supervision being provided.
- **Engage Veteran/Servicemember and Primary and Secondary Family Caregiver Applicants in active communication** throughout the application process and provide clear communication regarding any updates or changes in program status.
- **Provide information on the Veterans Health Administration's (VHA) clinical appeals process.**
- **Respond to the Primary and Secondary Family Caregivers' questions and concerns.**
- **Report any suspicion of abuse or neglect per VHA and local VA policy.**
- **Maintain and protect Veteran/Servicemembers' and Primary and Secondary Family Caregivers' protected health information and confidentiality per local VA policy.**
- **Review with each Veteran/Servicemember and Family Caregiver the eligibility criteria for PCAFC,** the Veteran/Servicemember's treatment plan, and the criteria upon which the Family Caregiver's designation may be revoked (including by request, improvement in the Veteran/Servicemember's condition such that the eligibility criteria for the Program are no longer met, if VA makes the clinical determination that having the Family Caregiver is no longer in the best interest of the Veteran/Servicemember, in the event of long-term institutionalization or death of a participant).

By signing below, I acknowledge that I have reviewed and understand this document.

**I understand that if I choose not to sign this document it will NOT affect my eligibility for the Program of Comprehensive Assistance for Family Caregivers or other VA benefits for which I am eligible.**

\_\_\_\_\_  
Veteran/Servicemember or  
Representative/Power of Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Family Caregiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Family Caregiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secondary Family Caregiver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Veteran/Servicemember Name  
(not signature)

\_\_\_\_\_  
Veteran/Servicemember  
Last four of Social Security Number

## Local Caregiver Support Program Contact Information

**Caregiver Support Coordinator Name:**

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**Phone Number:**

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**Mailing Address:**

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